

FILE COPY

Receipt #2

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re: Attorney Docket No. Castro 1

In re application of: Peter R. Castro

Serial No.: 09/311,369

Group Art Unit: 2731

Filed: 05/13/99

Examiner: Not yet assigned

Client No.: 990.0189

For: Fault Protection For Hitless And Errorless Switching Of Telecommunications Signals

TRANSMITTAL OF ERRORS IN FILING RECEIPT

Customer Correction Branch
Application Processing Division
Washington, D.C. 20231

Accompanying this transmittal is a copy of the Filing Receipt for the above-identified matter. The Filing Receipt contains the following error(s) and the corrections are highlighted as follows:

1. The title should be

"Fault Protection For Hitless And Errorless Switching Of Telecommunications Signals"

instead of "Fault Protection For Hitless And Errorless Switching Of Telecommunications Signal."

Changes are noted in red on the accompanying copy of the Filing Receipt.

Send All Correspondence To Customer No.: 22186

Respectfully submitted,

Steve Mendelsohn
Registration No. 35,951
Attorney for Applicant
(215) 557-6657

Dated: 6/17/99

* * * * *

Certification Under 37 CFR 1.8

Date of Deposit June 17, 1999.

I hereby certify that this paper and any accompanying papers or fees are being deposited with the U.S. Postal Service with sufficient postage as first class mail under 37 CFR 1.8 on the date indicated above and addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

MARY E. CANIZ
(Name of person mailing)

Mary E. Caniz
(Signature of person mailing)

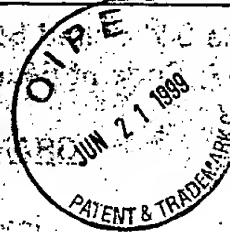
FILING RECEIPT



UNITED STATES DEPARTMENT OF COMMERCE
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| APPLICATION NUMBER | FILING DATE | GRP ART UNIT | FIL FEE REC'D | ATTORNEY DOCKET NO. | DRWGS | TOT CL | IND CL |
|--------------------|-------------|--------------|---------------|---------------------|-------|--------|--------|
| 09/311,369 | 05/13/99 | 2731 | \$778.00 | CASTRO.1 | 4 | 21 | 3 |

022186
MENDELSON AND ASSOCIATES PC
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1601 MARKET STREET
PHILADELPHIA PA 19103



Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Application Processing Division's Customer Correction Branch within 10 days of receipt. Please provide a copy of the Filing Receipt with the changes noted thereon.

Applicant(s) PETER R. CASTRO, HOWELL, NJ.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 06/03/99
TITLE
FAULT PROTECTION FOR HITLESS AND ERRORLESS SWITCHING OF
TELECOMMUNICATIONS SIGNALS

PRELIMINARY CLASS: 370

DATA ENTRY BY: OKON, THERESA

TEAM: 03 DATE: 06/03/99

RECEIVED



(see reverse)

MENDELSON & ASSOCIATES

| | | | | | | | | | | |
|---|---|------------------------|------------------------|---------------------------------|---|---|------------------------|---------------------|--------------------|-------------------------|
| SERIAL NUMBER 09/311,369 | FILING DATE 05/13/99 | CLASS 370 | GROUP ART UNIT 2731 | ATTORNEY DOCKET NO. CASTRO.1 | | | | | | |
| <div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">APPLICANT</div> <div> <p>PETER R. CASTRO, HOWELL, NJ.</p> <p>**CONTINUING DOMESTIC DATA***** <i>none</i></p> <p>VERIFIED</p> <p><u>TH</u></p> <p>**371 (NAT'L STAGE) DATA***** <i>none</i></p> <p>VERIFIED</p> <p><u>TH</u></p> <p>**FOREIGN APPLICATIONS***** <i>None</i></p> <p>VERIFIED</p> <p><u>TH</u></p> <p>IF REQUIRED, FOREIGN FILING LICENSE GRANTED 06/03/99</p> </div> </div> | | | | | | | | | | |
| <table border="1"> <tr> <td data-bbox="115 1388 451 1499"> Foreign Priority claimed 35 USC 119 (a-d) conditions met </td> <td data-bbox="451 1388 802 1499"> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance </td> <td data-bbox="802 1388 946 1499"> STATE OR COUNTRY NJ </td> <td data-bbox="946 1388 1135 1499"> SHEETS DRAWING 4 </td> <td data-bbox="1135 1388 1323 1499"> TOTAL CLAIMS 21 </td> <td data-bbox="1323 1388 1536 1499"> INDEPENDENT CLAIMS 3 </td> </tr> </table> | | | | | Foreign Priority claimed 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY NJ | SHEETS DRAWING 4 | TOTAL CLAIMS 21 | INDEPENDENT CLAIMS 3 |
| Foreign Priority claimed 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY NJ | SHEETS DRAWING 4 | TOTAL CLAIMS 21 | INDEPENDENT CLAIMS 3 | | | | | |
| <div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">ADDRESS</div> <div> <p>SEE CUSTOMER NUMBER: 022186</p> </div> </div> | | | | | | | | | | |
| <div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">TITLE</div> <div> <p>FAULT PROTECTION FOR HITLESS AND ERRORLESS SWITCHING OF TELECOMMUNICATIONS SIGNALS</p> </div> </div> | | | | | | | | | | |
| FILING FEE RECEIVED \$778 | <table border="1"> <tr> <td data-bbox="300 1850 964 2066"> FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following: </td> <td data-bbox="964 1850 1536 2066"> <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit </td> </tr> </table> | | | | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | | | |
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